

# **EXHIBIT A**

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

**This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

monty Pepper 18 B L 8  
Name (Print) Housing Location  
3 28 59 00156920 July 4 05  
Date of Birth SBI Number Date Submitted

I need To See mental health's ASAP

Complaint (What type of problem are you having)? my Back Pain

LT Johnson & Ballance forced me To Take a 2nd  
Shower in Retalation This is From standing in Shower  
for 2 hours my Towl was wet They want To get another  
The Retalation is affecting me mentally as well as my Back

[Signature]  
Inmate Signature

July 4 05  
Date

**The below area is for medical use only. Please do not write any further.**

S: "I have a bad back" Officers are making  
me stand up in Shower too long"  
Officers screaming on Tier that I am Chied Molester"

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

orx, cooperative, soft spoken, have consistent  
complaints against officers on 1st shift in  
A: building #180 no evidence of suicidal ideations,  
attempts or plans, no evidence of homicidal  
ideations, attempts or set plans.

P: appears to have many complaints against  
staff, refuse to see medical for back  
problems, refuse to spend \$4.00 for  
sick call slip

E: Will recuss m.t. when needed.

[Signature]  
Provider Signature & Title

7/8/05  
Date & Time

3/1/99 DE01

FORM#:

MED

263

Received 7/6/05 09:00 am  
ec.

7/17/05

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
 This request is for (circle one): MEDICAL ~~DENTAL~~ ~~MENTAL HEALTH~~

Monty Pepper 18 B L8  
 Name (Print) Housing Location  
328 59 00156920 June 13 05  
 Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? Help ASAP  
I have 3 Teeth 1 broken 1 is braking  
Hurt is off and on becoming abscess  
Please Tell co To Tell me Dental!

[Signature] Jun 13 05  
 Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S: \_\_\_\_\_

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

E: \_\_\_\_\_

[Signature]

Provider Signature & Title

7/1/05

Date & Time



## Refusal of Procedure and/or Treatment

INMATE NAME: Monty Pepper INMATE NUMBER 156920  
 FACILITY: DCE DATE: 4/14/05 TIME: \_\_\_\_\_

1. I, \_\_\_\_\_, refuse to keep/have the appointment, treatment, and or procedure recommended to me by the medical Staff. (check)

<p>____ Physician/ provider appointment</p> <p>____ Chronic Care Clinic appointment</p> <p>____ Nurse Sick Call appointment</p> <p><u>2</u> <u>SC</u> Dental appointment</p> <p>____ Mental Health appointment</p> <p>____ Outside consult appointment</p> <p>____ Medical observation admission</p> <p>____ Procedure: (Name) _____</p>	<p>____ Operation: (Name) _____</p> <p>____ Special procedure: (Name) _____</p> <p>____ Medication: (Name) _____</p> <p>____ Medication: (Name) _____</p> <p>____ Vaccination : (Name) _____</p> <p>____ X-ray (Name) _____</p> <p>____ Lab test: (Name) _____</p> <p>____ Treatment: (Name): _____</p> <p>____ Other: (Name) _____</p>
--	---

2. I acknowledge that I have been informed of the risks and possible consequences which include, but are not limited to the following and which may be up to and include death:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. I release the provider, the medical department, the facility and their employees from all responsibility for adverse or otherwise effects, which may result from my informed decision.

Refused to sign 156920 4/14/05  
 Inmate Name Number Date Time

C/O Mike Allen 4/14/05  
 Witness Date Time

\_\_\_\_\_  
 Witness Date Time

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper 18 B 28  
Name (Print) Housing Location  
3/28/59 00156920 3 24 05  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? "emergency"  
have a broken tooth that is becoming  
absent need some pain killer  
motron or something now please  
IT needs to be pulled  
[Signature] 3 24 05  
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

Problem resolved

E:

\_\_\_\_\_  
Provider Signature & Title

\_\_\_\_\_  
Date & Time

3/1/99 DE01

FORM#:

MED

263

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

monty Pepper 18 B L8  
Name (Print) Housing Location  
3 28 59 00156920 2 16 05  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? Stress need To See M/H depressed  
I need motron For bones ake  
nutritious "don't need an appointment!"  
my eyes have been burning? don't know why

[Signature] 2 16 05  
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S: "I am sleeping, I can't get up as of now, want my  
sleep"

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_  
attempted to see him regarding this s/c of the  
3rd time. He stated he was asleep and tired  
A: And refused to respond to questions. He was  
told that someone from M.H. would  
make another attempt later in day or  
P: in A.M. 2/24/05.

He later today on 2/24/05 in A.M.

E:

[Signature] 2/23/05 09:00  
Provider Signature & Title Date & Time

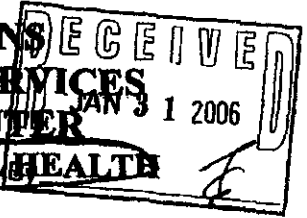
3/1/99 DE01

FORM#:

MED

263

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH



Monty Pepper D West C. 12  
Name (Print) Housing Location  
3 28 59 156920 Jan 26 06  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)?

I need a little help depressed

[Signature] Jan 26 06  
Attendant Signature Date

The below area is for medical use only. Please do not write any further.

S: Seen on 2-1-06 in infirmary bld.  
see mental health note 2-1-06.

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

E: \_\_\_\_\_

Charles B. [Signature] 2-1-06  
Provider Signature & Title Date & Time

1114

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper

Name (Print)

D West C 12

Housing Location

3 28 69

Date of Birth

156920

SBI Number

Jan 26 06

Date Submitted

Complaint (What type of problem are you having)?

My back has a Lump on my spine  
and something wrong with my thought  
I put in grievances and sick call no one  
is doing anything

[Signature]

Attorney Signature

Jan 26 06

Date

The below area is for medical use only. Please do not write any further.

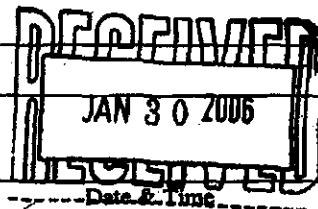
S. Sheldahl

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

E: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature & Title

3/1/99 DE01

FORM#:

MED

263



**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper 18 B 28  
 Name (Print) Housing Location  
32959 00156920 Dec 21 04  
 Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)?

chest Pains cough  
gass verry bad 50 Farts a day  
Pain

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S: C/O gas; ✓ see chest pain ✓ @  
front tooth pain latig ↑ sugar  
c/o general achiness

O: Temp: 97 Pulse: 82 Resp: 18 B/P: 140/80 WT:       
ABD ⊖ NT ND ⊕ BS HRR S, S2 VSS

A: ABD Gas 2° sugar  
Pain 2° "arthrits"

P: Motrin  
↓ CHZ

E:

B. Butcher  
 Provider Signature & Title

12/29/04  
 Date & Time

3/1/99 DE01

FORM#:

MD

263

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**  
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper V 8 A  
Name (Print) Housing Location  
3 28 59 00156920 NOV 8 05  
Date of Birth SBI Number Date Submitted

I have ringing in my ears ? Back Pain constant! depression!  
Complaint (What type of problem are you having)? I've Repeatedly asked To  
have a Cough Look at by a Doctor This has gone on  
since last year I have back Pain and a Lump on my  
spine a meaty Lump I need To Find out what it is by  
a Doctor not a nurse if it's cancer I need To know now!!  
[Signature] NOV 8 05  
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

11-9-05 To be seen. Referred to medical 1826

A:

P:

E:

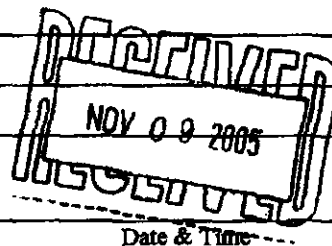
Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED  
263



**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL ~~DENTAL~~ ~~MENTAL HEALTH~~

Monty Pepper ↑ V A 8  
Name (Print) Housing Location  
3/28/59 00158920 OCT 30 05  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? Repeathly request To Look  
aT my Throught a constant cash (others have it too) my Back  
has a Lump on my spine. I have suver back Pain all  
The Time, something is wrong I want To know if its cancer?  
my uran is dirty color I want a doctor not a nurse

[Signature]  
Inmate Signature

OCT 30 05  
Date

**The below area is for medical use only. Please do not write any further.**

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

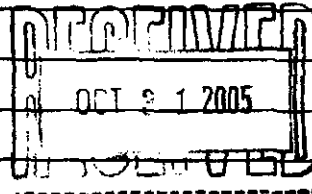
WT: \_\_\_\_\_

A:

P:

Requred to a rialine powder — a 12/2/05

E:



\_\_\_\_\_  
Provider Signature & Title

\_\_\_\_\_  
Date & Time

3/1/99 DE01

FORM#:

RED

263

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper Shu 18 B L8  
Name (Print) Housing Location  
3/28/59 00156920 OCT 4 04  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? Thinking Too much  
I need To increase my dose of  
Paxial or have a second dose  
I'm Thinking Too much I need TO STOP

MCP OCT 4 04  
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: 1/11 Seen by Dr. Raman 10/7/04

meds were adjusted appropriately.

P:

E:

Domestic  
Provider Signature & Title

10/8/04  
Date & Time

3/1/99 DE01

FORM#:

MED

263

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH ?

Marty Pepper  
Name (Print)

3-25-59  
Date of Birth

00156920  
SBI Number

✓  
Housing Location

9-29-05  
Date Submitted

Complaint (What type of problem are you having)? I'm still having problems I don't know what's going to happen

me are too strong Don't know what they are

supposed to do I have a ringing in my ears constant

They aren't taking care of my back pain I've had rectum bleeding

when I was in 18 don't know why haven't noticed it lately? is it

[Signature]  
Inmate Signature

9-29-05  
Date

The  
meds

**The below area is for medical use only. Please do not write any further.**

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

To see Medical

P:

E:

\_\_\_\_\_  
Provider Signature & Title

\_\_\_\_\_  
Date & Time

3/1/99 DE01

FORM#:

MED

263

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper  
Name (Print)

3 28 69  
Date of Birth

0016692.0  
SBI Number

V  
Housing Location

9 27 05  
Date Submitted

Complaint (What type of problem are you having)? I asked before to have a cough  
check out I had it since Xmas 04 still there's a lump on my  
back also need to check and back pain also the medicine  
mental health gave me is too strong it put me to sleep  
need some thing else I please don't send me on wendsdays

[Signature]  
Inmate Signature

9 22 05  
Date

Low  
Library

The below area is for medical use only. Please do not write any further.

S: Scheduled

[Signature]

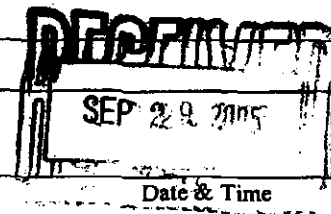
O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

E: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature & Title



3/1/99 DE01

FORM#:

MED

263

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper V  
Name (Print)  
3/28/59 00158920 Sep 1 05  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)?

Sorry I had a visit  
They scheduled me that afternoon no one seen  
me 1# My Back hurts spasms hearing Problem  
2 The med's that mental health I cannot take  
The Roplen 3

[Signature]  
Inmate Signature

          
Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp:          Pulse:          Resp:          B/P:          WT:         

A:

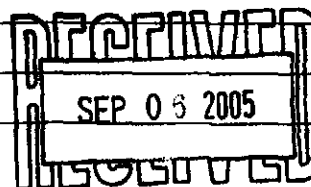
to per Medical

P: Already takes Motrin without relief. Put in for morphine,

E:

[Signature]

Provider Signature & Title



Date & Time

3/1/99 DE01

FORM#:

MED

263

V

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper V  
 Name (Print)  
3 28 59 00156920 AUG 2005  
 Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having?) a cough and  
Back Pain The cough is prestant  
will not stop continous Back Pain  
This all started in The Skill

[Signature] AUG 2005  
 Inmate Signature Date

The below area is for medical use only. Please do not write any further.

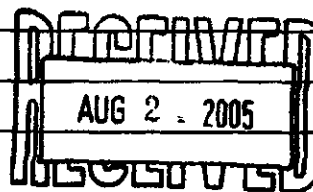
S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: to see Medical

P:

E:



Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263



**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper 18 B L 8 MS Flame  
Name (Print) Housing Location  
32859 00156920 July 12 05  
Date of Birth SBI Number Date Submitted

need to see you ASAP  
Complaint (What type of problem are you having?) To day note refused  
To Leave Tray at Lunch I NEED Help  
Now I Fear From Thomas and Note don't  
Know what They will do no one is stopping this  
My Back hurts and don't know what to do

[Signature] July 12 05  
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S: Transect seen on 7/8/05 by mental  
health clinician.

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

ex4 affect w/ L, continues to complain about  
certain officers w/ he claims are out to get  
A: him and make his life miserable. He is  
now focusing on Sgt. Thomas and Officer Dardels.  
He continues to also complain about a bad  
P: back, he had seen medical last week  
but insists they are not doing anything about it.  
He feels he needs more medication to help  
with the pain. Denies S/HI.

E: \_\_\_\_\_

[Signature] MS  
Provider Signature & Title  
Mental Health Clinician

7/13/05 11:00 Am  
Date & Time

3/1/99 DE01

FORM#:

MED

263

198  
pain

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL ~~DENTAL~~ ~~MENTAL HEALTH~~

Monty Pepper  
Name (Print)

18 B 28

Housing Location

3/28/59  
Date of Birth

0066920  
SBI Number

Dec 19 04  
Date Submitted

Complaint (What type of problem are you having)? Sir I need to  
speak to you again as soon as possible about  
my condition and medication and Aspran  
for pain Please very important please

[Signature]  
Inmate Signature

12 19 04  
Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

**RECEIVED DEC 20 2004**

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

B18 18

FIRST  
CORRECTIONAL  
MEDICAL

## Refusal of Procedure and/or Treatment

INMATE NAME: Pepper Monty INMATE NUMBER 00156920  
FACILITY: DCC DATE: 9/8/04 TIME: 11:45

1. ☒ I, \_\_\_\_\_, refuse to keep/have the appointment, treatment, and or procedure recommended to me by the medical Staff. (check)

<input type="checkbox"/> Physician/ provider appointment	<input type="checkbox"/> Operation: (Name) _____
<input type="checkbox"/> Chronic Care Clinic appointment	<input type="checkbox"/> Special procedure: (Name) _____
<input type="checkbox"/> Nurse Sick Call appointment	<input type="checkbox"/> Medication: (Name) _____
<input checked="" type="checkbox"/> Dental appointment <u>JOE</u>	<input type="checkbox"/> Medication: (Name) _____
<input type="checkbox"/> Mental Health appointment	<input type="checkbox"/> Vaccination : (Name) _____
<input type="checkbox"/> Outside consult appointment	<input type="checkbox"/> X-ray (Name) _____
<input type="checkbox"/> Medical observation admission	<input type="checkbox"/> Lab test: (Name) _____
<input type="checkbox"/> Procedure: (Name) _____	<input type="checkbox"/> Treatment: (Name): _____
	<input type="checkbox"/> Other: (Name) _____

2. I acknowledge that I have been informed of the risks and possible consequences which include, but are not limited to the following and which may be up to and include death:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. I release the provider, the medical department, the facility and their employees from all responsibility for adverse or otherwise effects, which may result from my informed decision:

K MGP X 00156920 X 9-8-04 X 1145  
Inmate Name Number Date Time

Danielle V Walls 9/8/04 11:45  
Witness Date Time

\_\_\_\_\_  
Witness Date Time

16894  
**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
**This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

Monty Pepper Pre Trial  
Name (Print) Housing Location  
3 28 59 00156920 AUG 29 04  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? Constipation  
CANT go coloids are not working  
need some thing stronger The  
Small yellow ones worked last time

[Signature] AUG 29 04  
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

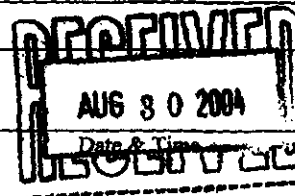
O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: Scheduled to see Medical P. Jones

P:

E:

\_\_\_\_\_  
 Provider Signature & Title



3/1/99 DE01

FORM#:

MED

263